

APR 23 2007

## FEE TRANSMITTAL

☐ Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
450

Application Number 10/790,040

Filing Date 3/2/2004

First Named Inventor AO

Examiner Name AURORA

Art Unit 2862

Attorney Docket No. 01-561

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

=

## 4. OTHER FEE(S)

Non-English Specification,

\$130 fee (no small entity discount)

Other, 2 month extension fees

450

## SUBMITTED BY

Signature

Registration No. 43,102  
(Attorney/Agent)

Telephone (703) 707-9110

Name (Print/Type)

Robert L. Scott, II

Date 23 April 2007

APR 23 2007

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 01-561										
In re Application of AO												
Application Number 10/790,040	Filed: 3/2/2004											
For: MAGNETIC SENSOR AND METHOD FOR FABRICATING SAME												
Group Art Unit 2862	Examiner AURORA											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ 120.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ 450.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 1020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ 1,590.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ 2,160.00</td> </tr> </table> <p><input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p>A small entity statement under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed.</p> <p><input type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1147</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____</p> <p>Date <u>23 April 2007</u></p> <p>Signature _____</p> <p>Robert L. Scott, II (Reg. No. 43,102)</p> <p>Typed or printed name</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,590.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,160.00
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